

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> SUBWAY #22660 (SERVELL 2 INC)	<b>Telephone Number</b> Est 626-991-1766 Own	<b>Date of Inspection</b> 09/16/2022	<b>ID#</b>		
<b>Address</b> 3008 CHARLESTOWN CROSSING, NEW ALBANY IN 4					
<b>Owner</b> MONISH KAPUR	<b>Purpose</b> <u>    </u> Routine <u> X </u> Follow-up <u>    </u> Complaint <u>    </u> Pre-Operational <u>    </u> Temporary <u>    </u> HACCP <u>    </u> Other (list)	<b>Follow Up</b> 09/26/2022	<b>Released</b> 09/26/2022		
<b>Owner's Address</b> 2993 SEASONS DR GREENWOOD, IN 46143		<b>Menu Type</b> 1 <u>  </u> 2 <u> X </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>			
<b>Person in Charge</b> ADDISON COOK					
<b>Responsible Person's Email</b>					
<b>Certified Food Handler</b> MOHNISH KAPUR					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
324	X		X	Observed the right bay of 3-comp sink to be leaking. This violation was documented 7/13/22 and 7/28/22.	1 week
<b>Summary of Violations</b> C <u>  1  </u> NC <u>  0  </u> R <u>  1  </u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>	
cc:		cc:		cc:	